death.

ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

APR 23 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

with director,

filed

PIS

2

filled

pup corbon

physicion certificote

aftending

been signed

RAL Di should

moy be

0

VS A15 (4)

15M 9/55

buriol-transit

tot to þ Ē

BAOW!

eose

Ö

popers.

death. era

hours after

CERTIFICATE OF DEATH

BUREAU V. S.

APR 17 1957

DECENTED SED

M = 1.		77.75				TE OF DE			-X
	o. COUNTY	2.1	41		2. USUAL RESIDENCE (V	Where deceased live	d. If Institut		
(0)	b. CITY OR TOWN	St. Mary		MARYLAND LENGTH OF STAY IN 16	c. CITY OR TOWN (II			it. Mars	
	RFD Mech	anicsvill	e		RED Me	echanics	ville		
00		TAL OR INSTITUTION (I	f net in hospita	l, give street address)	d. STREET ADDRESS		ď		ON A FAR
3	NAME OF DECEASED	Fire	ri	Middle	Last	4. DATE OF DEATH	Month	Day	Year
-	(Type or print) SEX	Thoma		Jerome	Butler	1	4/	4/	19 5
3.	_			NEVER MARRIED	-11	y, AG lost	E (In years sirthday)	Months Days	Hours Min.
11	male male	Colored	WIDOWED [2/ 19/ 57 FRY 11. BIRTHPLACE (Stote	as familia assetad	yrs.	1 16	E WHAT COU
FI	during most of worki	ng lite, even if refined)	2010 100, Kirec	O 903114E33 OK 114503					
11/3	3. FATHER'S NAME	none			- Marylar			I US	5A
	S. I ATTICK 3 TOME	W31 4 4 4 4			14. MOTHER'S MAIDEN	NAME			
3	S WAS DECEASED EN	Philip VER IN U. S. ARMED FOR	But.		Sarah A	Ann Hill			
	(es, no, or unknown)	(If yes, give wer or dotes of a		JAL SECURITI NO. 17.			Address		
=	no				Philip L.	Butler-	Mech	aniesvi	lle
		ATH [Enter only one country was CAUSED BY:	se per line for	(a), (b), and (c).	-		~~	ONSE	T AND MEATH
	1103Y	IMMEDIATE CAUSE (6)		men	moning	,			ld an
1	4701	DUE TO							4
	Conditions, if a	ony, which by							
	(o), stoting the								
2		HER SIGNIFICANT CONF	DITIONS CONTI	PIRLITING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION CIVE	N (N) 0 4 07 1/-V V	OTHE SAME O
0				1000	TOT REDUIED TO THE TERM	HALDISEASE CON	JITION GIVE	11-3	PERFORME
Dia Control	20g. EXTERNAL CA	USF WAS 201	DESCRIBE HO	W INTURY OCCUPED A	inler noture of injury in Por	A I no Book SI of Jan-	101	1	YES NO
CERTIFI	20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING -	or practing 110	THE STATE OF COURSE OF	and notice of injury in For	TI OF FOIL II OF THEM	10.)		
	. 1		r 20d IN1U	RY OCCURRED 200. PLA	CE OF INJURY (Home, form	205 (City or tou	-n1	(County)	(SI
MEDICAL	Hour a.m.		White	Not white rac	ory, street, office bldg., etc.	201. (City of 104	1	(000117)	(31)
2		19		ot work	1.15				_
					ve, held an Autops	C Personal C	tion 19,	Inquiry Z	and find
	death resulted	trom: Natural a	couses 24,	Accident Su	cide [], Homicide	, Undete	rmined co	ouse	
	ACTUAL	Pal	197	2 11					DATE SIGN
2	SIGNATURE	rrun	-W/-	Jen X	_M.D. CHIEF MEDICAL EX			. 1	1.11.
Chris	EXAMINER'S			8	ASSISTANT MEDIC			4	14/5
_	NAME (Type)	William D			DEPUTY MEDICAL	EXAMINER 7			
22	REMOVAL (Specify	ON, 226. DATE THEREON	F 22c	NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (ity, town, or	county)	(Stote)
_	Burial	4/4/5	7	St. Johns		Holly	wood.	Md.	
	. FUNERAL DIRECTOR	es signature		ADDRESS	24a, REC'	D BY REGISTRAR	24 REGIST	RAR'S SIGNATUR	E,
0 4	D		-	dtown, Md.		11.11	110	m	//

BUREAU V. S.

5201 8 A9A

BECENTED

and the professional seconds are

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

filed with

ofter de

гетоме

1

ond

burial-transit

as the

TOR

shoul

FUNER oge 3 s

9

VS A15 (4) 15M 9/55

physician

e dealff ce attending

> gned by permit.

hours after

CERTIFICATE OF OBATH

All transmitted the board of the

I we will be still

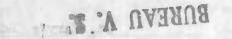
BUREAU V. S.

700 6 APA 6

BECEINED

1_						TATE DEPART					18	5547
ation,	(BA			M	PICAL	. EXAMINE	2'5	CERTIFICA	TE OF	DEATH	(,	10. 281
cremat	M	1.	PLACE OF DEATH	St. Mary's		MARYLAI		o. STATE Tex.		b. COUNT		pefore admission)
suriof,			b. CITY OR TOWN	N	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I		orate limits, write	RURAL and give	nearest lawn)
8	/57		d. NAME OF HO	Piney Point	f not in hospi	tol, give street oddress)		d. STREET ADDRESS	<i>y /ұуу</i> ұ 607_Av	enue J	ton	e. IS RESIDENCE ON A FARM?
rar pr	0.5	3.	NAME OF DECEASED	Piney Point	H	Middle		Lost	/- /- /- DATE	ATTEST Month	Do Do	YES NO Year
regist			(Type or print)	Fr		Gardner	611	Harvey	DEATH	Apri		17 -1
De C			SEX			NEVER MARRIED				9. AGE In years lost birthday)	Months Days	R IF UNDER 24 HRS
¥ iii		-	Male b. USUAL OCCUPA	White ATION (Give kind of work	WIDOWED			111. BIRTHPLACE (Sinte		263 yrs.	12. CITIZEN	OF WHAT COUNTRY
7 0		1 -	during most of wo	orking life, even if retired)		chant Marin		Florida		**	1	S. A.
	1		. FATHER'S NAME					. MOTHER'S MAIDEN	NAME			
100				Hazen H. H				F Libbie H	lumisto			200
2	-		NO NO	EVER IN U. S. ARMED FO				F. Blount C	0 5	101 Nebr	Tamps aska Ave	
mit.				DEATH [Enter only one cou							INT	FERVAL BETWEEN
per l			976	PEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Dr	owning, Fou	nd I	rowned				
ZUO.		V	Canditions, if	DUE TO								
			gave rise to im (a), stating th	mediate cause								
			couse lost.	(c)								
	2	CATION	PART II.	OTHER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DEATH BU	וסא זע	RELATED TO THE TERM	INALDISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
		CERTIFICAT	PRIMARY OF DEA	CAUSE WAS CONTRIBUTING [HOW INJURY OCCURRED d in Bay). (Enle	r nature of injury in Por	rt For Port II	of item 18.)		
		13	20c. TIME OF IN	NJURY Month, Day, Yea		JURY OCCURRED 20e.	PLACE	OF INJURY (Home, form	n, 20f. (City	ar lawn)	(County)	(State)
9	18	MEDICA	10:00 4		57 White	Not while	tactary,	street, office bldg., etc.	-)		St. M	ary's Md.
200			21. I certify	that I took charge					y 🗷 , ir	spection,	Inquiry [, and find the
5			deoth result	led from: Natural	causes	, Accident [],	Suicio	le, Homicide	∍ □, Ur	determined o	ause 🔽.	
J.	0		ACTUAL (Mult	n	rer_		CHIEF MEDICAL E	XAMINER 🗆			DATE SIGNED
	· 2	-	SIGNATURE	, was I				ASSISTANT MEDIC		2		4/26/57
NEK	NO E		EXAMINER'S NAME (Type)	Paul F.	Guerin	M.D.		DEPUTY MEDICAL	EXAMINER [3		
	5	220	REMOVAL (Spec	TION, 226. DATE THEREC)F 2	2c. NAME OF CEMETERY				ION (City, town,		(State)
2 '		23	Removal	5/17/5	7	Seffner Cen	nete		Seff		TIGA	IIRF -
E(5	5)		Min.	1. Victeri	1 Y V	ous - Ra	eto	17 MY DATE	1316	7 Dr	P.J.	Beam

Column Count Continued



TEUI IS YAN.



INSTRUCTIONS

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF 4444 DEATH

Reg. Dist. No. 262

04446

	L PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY St. Marys MARYLAND	state Maryland county St. Marys
``-	OR and give nearest town) CITY (It outside corporate limits, write RURAL LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
	Town Leonardtown	- TOWN Mechanicsville
	HOSPITAL OR	STREET (If rural give location)
- 1	INSTITUTION OR	/ ADDRESS
	DC: marysOspital	Rural
	3. NAME OF (First) (Middle)	(tast) 4. DATE (Month) (Day) (Yaar)
	(Type or Print) Infant boy Hebb	DEATH4 / 23 / 19 57
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8 DATE O	
	male colored WIDOWED, DIVORCED, (Specify) single 4/	22 / 57 yrs, Months Days Heur Min.
9	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
71	done during most of working life, even if OR INDUSTRY refired) NONE	Maryland USA
2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Joseph A. Hebb	Mary C. Holly
	15. WAS DECEASED EVER IN D.*S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS
,	(145, 105, 01 010.)	Joseph A. Hebb - Compton, M.d.
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
	IMMEDIATE CAUSE (A) UVI RN	27VV-1/L
	ANTECEDENT CAUSE(S) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, (B)	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
	(C)	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tuity wittels
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	there will be a
	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
	21a ACCIDENT WAS UNDERLYING 2 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
		21f. HOW DID INJURY OCCUR?
	M. at work at work /	/
	22. I hereby certify that I attended the deceased from / 2 (22	1957, to 4/2, 1957, that I last saw the deceased
1		
4	SIGNATURE / / / / / / / / / / / / / / / / / / /	ADDRESS (Street, city, town, state) DATE SIGNED
10MT	J. Roy Guyther M.D.	Mechanicsville, Md. 4/23/57
A15¢ 1-55	23. BURIAL, CREMATION, DATE THEREOF INAME OF CEMETERY OR	
20	REMOVAL (SPECIFY)	
	Burial 4/24/57 St. Franci 24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE.	
ζ.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE 7/20/ (Class) . March	P.B. Robinson - Leonardtown, Md.

MEGELVEIN APR 26 1957

BUREAU V. S.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed wy The bottom copy may be retained by the hospital or attending physician.

TO ATTENDIR

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04447

CERTIFICATE OF DEATH 4445

事業	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
the the	county St. Marys Maryland	stateMaryland county St. Marys					
2 2	CITY (If outside carporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR					
the registrar within 72 hours after in by the funeral director, the	Town Leonardtown	Mechanicsville					
2 章	HOSPITAL OR	STREET (If rural give location) ADDRESS					
ri Je 7	STREET ADDRESS St. Warus Hospital	Rural					
within	3. NAME OF (First) (Middle) DECEABED	(Last) 4. DATE (Month) (Day) (Yaar)					
the	(Type of Print) Infant boy Hebb	DEATH 4/ 23 19 57					
regis by t	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.					
9.6	male colored (Specify) single 4/	22/57 yrs. Months Days Hours Min.					
도.a '[10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR (NDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT					
新 語 神 /	retired) none	Maryland USA 14. MOTHER'S MAIDEN NAME					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
cate be filed completely all transit pe	Joseph A. Hebb 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	Mary C. Holly					
omp trai	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. [Yas, no, or unk.] (If Yas, give wer or deles of service)						
Signal Control	no	Joseph A. Hebb - Compton, Md.					
death certricate be filed ysician and completely se as a burial transit per	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IRTIFICATION INTERVAL BETWEEN ONSET AND DEATH					
da se	IMMEDIATE CAUSE (A)	Compalar					
physician use as	ANTECEDENT CAUSE(S) DUE TO						
the second	DISEASES OR CONDITIONS, # ANY, (B)						
ending ched fo	STATING UNDERLYING CAUSE LAST. DUE TO						
requires that the the attending ph e detached for u	II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING	Firity - wg+ 2 lbs					
det det	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Fanily - 100 4 2 - 100					
ان هي ڇ	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 7 YES NO					
RECTOR: The law een executed by assembly should b	21a ACC DENT WAS UNDERLYING [] 21b. PLACE (Homa, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
	21a ACC DENT WAS UNDERLYING 21b. PLACE (Homa, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [If EITHER, NOTIFY MEDICAL EXAMINER)						
TO FUNERAL DIRECTOR: The certificate has been executed death certificate assembly show a size 155 10M and 155 10M	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?					
Se as	M. et work all work						
bee as	22. I hereby correctly that I attended the deceased from the	19, to 4./2.3, 19, that I last saw the deceased					
Cate of	alive on	at					
Pertifi Porti	IN OH ZIMPIUL	APPRESS (MICH, MICH, MICH)					
FUNERAL DIRI certificate has be death certificate a A15C 1-55 10M ~~	J. ROY GUYTHER M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C	Mechanicsville, Md. 4/23/57 OR CREMATORY LOCATION [City, town, or county] (State)					
Certification Also	Burial 4/24/57 St. Fran						
5 X	Burial 4/24/57 St. Frai	cis Cem. Compton, Md.					
	DATE 14/2 5759 alen 1 D. Harra						
	,26-18-1x						

DECEIVED 152

BUREAU V. A.

Woodlawn

ADDRESS

Bros. 1432 U.St. Washington, D.C.

VS. ATSMEIST SM 9755

23. FUNERAL DIRECTOR'S SIGNATURE

24o, REC'D BY REGISTRAR

DATE SIGNED

Washington, U. C. 245_REGISTRAR'S SIGNATURE

Rea. Dist. No.

St.

Month

yrs.

Months

Marvis

FUNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

mmediate

PERFORMED? NOT

(State)

U.S.A.

e. IS RESIDENCE ON A FARM?

> 57 10

BUREAU V. &

7201 PS 99A

BECEINED

_		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	04449
(.		4447 CERTIFICATE OF DEATH Reg. Dist.	No. 282
	1.	PLACE OF DEATH o. COUNTY St. Mary's MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution, Residence of STATE Maryland b COUNTY St.]	before odmission)
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown Leonardtown	
17x		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION St. Mary's Hospital d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X
	3	NAME OF DECEASED (Type or print) Pauline Frances Lawrence DEATH April 1.	Doy Year 4, 19 57
	1		YEAR IF UNDER 24 HRS. ays Hours Min
1	10	during most at working life, even if refired)	EN OF WHAT COUNTRY
	13	Robert Long Josephine Hardin	
Z hour	15 (Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	arvland
	F		INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o) DUE TO	5 years
		Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last. (b) DUE TO	
7	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AJTOPSY PERFORMED? YES NO
	CERTIFI	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 40. PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.) While Not while at work of work of work 10 of w	unly) (Stole)
		21. I certify that I attended the deceased from June 16, 1956, to april 14, 1957, that I la alive on april 14, 1957, and that death occurred at a P. M. from the causes and an the	
1		ACTUAL SIGNATURE M.D. Les Constituent (1)	DATE SIGNE
		PHYSICIAN'S William D. Boyd M.D. Leonardtown, Maryland	
	22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	aryland
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clarke Mattingley Leonardtown, Md. DATE 4//957 Alan D	~
	te:	The state of the s	A TOTAL OF L

BEAU V. 2

150T 2+ c...

BECEINED.

il director, filed with

Ď

는 B

ě,

campl

carbon

papers.

MOVE

permit, in any

9

RAL Di

0

15M 9/55

poge

death.

BUREAU K &

Set ps A9A

BECEINED

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. 2

TRAPES 1967

FUNERA

Vs. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

Sect Si A9A

BECEINED

1			MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
•-	* t		4451 CERTIFICATE OF DEATH Reg. Dist. No. 2222
Page 4 director, ed with		1.	PLACE OF DEATH o. COUNTY St Mary's MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE Maryland b. COUNTY St. Mary's
in by the funeral and and and the fall	\sim	-	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ther h	(0)	-	Leonardtown d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM?
by d	The state of the s		OR INSTITUTION St. MaryHospital
n 24 ho		3	NAME OF DECEASED (Type or print) Baby Boy Middle Lost 4. DATE Month Day Yeor 19 57
rely f		- 1 "	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In yours IF UNDER I YEAR) IF UNDER 24 HPS Tolo 10st birthday) Months Days Hours Min.
mple pers.			Tale White WIDOWED DIVORCED April 8,1957 OF WORLD DOWN Hours Min. Just All College Windows Widow Min. Just All College Windows Widows Min. Just All College Windows Wi
executed control			during most of working life, even if retired) U.S.A.
an an arbo	1 %	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
Sicote ysicic ove c	. 22		Clevelkand R. Pilkerton Mary Helen Mattingly WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
g ph rem rem 72 ho		18	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yet give wor or doles of service) (If yet give wor or doles of service) (Cleveland R. Pilkerton Avenue, Md.
endin endin lease thin			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]
he de atte			PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Cross entrance temperate 30 min
hat the			/ GO, 5 DUE TO
ned bermit			Conditions, if ony, which gove rise to immediate DUE TO
on sign			lying couse last. (c)
law sysici beer bron	^	CATION	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
The plant has burial eman		15	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
IAN: Ficate the L		1	200 ACCIDENT WAS UNDERLYING COURTED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
YSIC or off certi e as		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. n. White Not white fociory, street, office bldg., etc.)
ital circum		W.	p. m. 19 of work all work
hasp After ned f			21. I certify that I attended the deceased from
ATTEN by the CTOR: deloci			olive on
	7		SIGNATURE & Coy Funy The M.D.
retoined RAL DIRE should	1		PHYSICIAN'S J. Roy Guyther M.D. Mechanicsville, Maryland
May be retain may be retain O FUNERAL D page 3 should the registrar		22	Bur al cremation, 226. Date Thereof St. Aloysius 122d Location (City, town, or county) (State) St. Aloysius Leonardtown, Maryland
5-5	ort		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR'S SIGNATURE
WS A15 (4) 15M 9/55	Va.	W	.Clarke Mattingley Leonardtown, Md. DATE 4/17/57 (18sus) June
			: 32 (LVI/F)

FilmG214 5-1-57- Originally sent in on stillbirth certificate.

BUREAU Y. S.

JULIDEO 1

1		ļ		MAI	KYLAND	STATE DEPA	KIMENI	OF HEALI	H-BALI	IMOKE, I	8	ITTUI
عد		_		1	4452	CERTI	FICATE	OF DEAT	H .		Reg. Dist. No	.281
directar		1. F	LACE OF DEATH	St. Mar	vš	MARY	11 ~ 9	JAL RESIDENCE (W STATE Mary		lived. If institution is COUNTY		ore admission)
d be		ŧ	RURAL and give	10.	e limits, write	c. LENGTH OF STAY	N 1b c. C	CITY OR TOWN (IF			URAL and give ne	orest town)
the fr		-	Leonar I NAME OF HOSE OR INSTITUTION	PITAL (If not in haspi "Mary, s	tot give street Hospit	l day	,d.	STREET ADDRESS	otte	la <u>ll</u>		e IS RESIDENCE ON A FARM? YES NO
lled in t			IAME OF DECEASED Type or print)	Bahyr	Fint Boy F	Middle	1	Lost	4. DATE OF DEATH	April	th D	y Yeor
Hetely fi		5. 9	Male			RIED NEVER MARRIE		OF BIRTH	57	P. AGE (In years last birthday) yrs	Months Days	7/-
nd camp an paper death.	1		during most of w	orking life, even if re	wark dane 10b. etired)	KIND OF BUSINESS O	R INDUSTRY 11	BIRTHPLACE (State		untry}	12 CITIZEN	OF WHAT COUNTRY
an ar carbo	2	13.	ATHER'S NAME	T }	D:21			OTHER'S MAIDEN	NAME			
physici emove hours		15 (Yes	Willian WAS DECEASED F	YER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO.	. 17. INFORMA	Odalie	Quade	Addi	reis	
ding ding ase re in 72			NO CAUSE OF D	EATH (Entre poly o		None ne for (a), (b), and (c).	Willi	am J. P.	ilkert	on Cha		TERVAL PETWEEN
atten n plea				EATH WAS CAUSED IMMEDIATE CAU		ne for (a), (b), and (c).	Kema	- here	~		ON	ISET AND DEATH
y the The			760.0) Dt	JE TO							
ned bermit			Conditions, if gave rise to cause (a), statin	immediate ((b) JE TO							
en sign msit p		z	lying couse los	st.	(c)	CONTRIBUTING TO DEA	THE BUT NOT BE	LATED VO THE TERM	HALL DISCUSS	CONTRICTOR	CALINA BARTAGA	10 MAR ANTORY
physic physic nas bec rial-tro naval,		CERTIFICATION				CONTRIBUTING TO DEA	IN BUT NOT KE	DATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PARI 1(0)	PERFORMED? YES NO
icate h		CERTIF	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIC	WAS UNDERLYING [NG] CAUSE OF DE FY MEDICAL EXAMIN	20b. DES	CRIBE HOW INJURY OF	CURRED (Enter	nature of injury in	Part I or Part	II of item 18.}		
My or affer his certification, and tion,		MEDICAL	20c. TIME OF INJU Hour o. 5:	URY Manth, Day		NJURY OCCURRED Not while	20e PLACE OF foctory, str	INJURY (Home, far eet, office bldg., et	m, 20f. (City	ar town)	(County)	(State)
ospito Mfter the ed for al, cre				that I attended	the deceas	method and	12 to	1957 10 1	psil.	1957	that I last s	saw the deceased
TENE The L			alive on	liquid	122	2, and that	death Sccur	red at 3.43		the causes a port city or town.		ote stated above
Died by Programmed by Programm	I		SIGNATURE			Myse.	M.D. ,_	gut	mill	e prod		4/9/57
OSPITAL y be retain JNERAL ge 3 should registrar			PHYSICIAN'S NAME (Type)	P.J.Bea	an _	M.D.		Great 1	Mills	Na	aryland	
may be TO FUNE Page 3 the regi		220	BURIAL CREMAT	10N, 22b. DATE TH	TEREOF	St. Al		ATORY	_	ON (City, lown, c		(State)
		23.	FUNERAL DIRECTO			ADDRESS	*	24g. REC	D W REDISTE	AR 246. REGIS	STRAR'S SIGNATU	IRE MIS
VS A15 (4) 15M 9/55		W	.Clarke	Matting	Ley,	Leonardto	wn M	d. DATE	714/21	tick	& Keyes	tree
			,	1 4 6 1								

PECEIVED 11 1957

BUREAU V. S.

*^	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	11455/2
4 4	4453 CERTIFICATE OF DEATH Reg. Dist.	No. 28 L
*	1. PLACE OF DEATH o. COUNTY St. Mary's MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence o. STATE Maryland b. COUNTY St.	before odmission) Mary * s
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give Rural California 2 yrs. Rural California	e nearest town)
11-11	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO N
	3 NAME OF First Middle Lost 4 DATE Month OF OF DEATH April 5.	Pay Year
3	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	YEAR IF UNDER 24 HR
leath.		EN OF WHAT COUNT
s offer o	13. FATHER'S NAME George Thorne Rogers Lillian Unknown	
72 hour	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address O85-24-7346 Norman A.Myers California, M	arvland
al-transit enrmit. Then aval, and in any event	Canditions, if any, which gove rise to immediate couse (c), stoting the under lying cause tast. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO D
ation, or rem	OR ACCITERIUM DID CAUSE OF DEATH OR CONTRIBUTING CLOUSE OF DEATH OR FORTHRESHING CLOUSE OF DEATH	unty) (State
defached far us production to burial, crem	p. m. 19 at work all wark	st saw the decease date stated abo
agistror s	PHYSICIAN'S ETNEST Rehm M.D. Land for Community Park Park Park Park Park Park Park Park	2nd
page the s	Burial 4/8/57 Ebeneza Great Mills. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGN	Md.
(4) ** 55	W. Clarke Mattingley Leonardtown, Md. DATE 4/8/5-7 Gican O.A	Lauser



BUBEAU V. S.

in 24 hours after death.

Confidence is seen the law requires that the death certificate be filed with the registrar within 7.2 hours after death, After this confidence has been executed by the attending physician and complemely filled in by the funeral director, the third copy of this death certificate assembly whould be detached for use as a fundal transit permit.

A15C 1-5E 10M

λS

The botto

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04456

CERTIFICATE OF DEATH

4454

Reg. Dist. No.

I PERCE OF BERTH		2. USUAL RESIDE	NCE (HOME) OF DECEASE	ED .
county St. Marys	MARYLAND	state Maryla	and county St	. Marys
CITY (If outside corporate limits, write RURAL OR end give neerest town)	LENGTH OF STAY	CITY (If outside corp.	orate limits, write RURAL and give no	nerest town)
Town Leonardtown	(in this plece)	> TOWN Dray	den	
HOSPITAL OR	1	STREET	ACT1	<u> </u>
INSTITUTION OR		/ ADDRESS		
OT WATTYS ROSE			ıral	
3. NAME OF (First)	Middle)	(Lesi)	4. DATE (Month)	(Dey) (Year)
(Type or Print) John Freder	ick Shee		DEATH4 / 9	/ 19 57
5 SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV		OF BIRTH		R 1 YEAR IF UNDER 24 HRS
male white (Spocify) mar	ried 11/	4/ 1879	77 yrs. Months	Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIN	D OF BUSINESS	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT
done during most of working life, even if OR	INDUSTRY		,	COUNTRY?
Waterman Sea	r'ood	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John F. Sheehan		Ellen E	Bean	
	SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give wer or dates of service)		Constan	Chashen	Dwardon Ma
	18. MEDICAL CE		C. Sheehan -	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IN MEDICAL CE	RIPICATION	,	ONSET AND DEATH
· IMMEDIATE CAUSE (A)	cingram	of stone		24m
ANTECEDENT CAUSEIS) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE	100 1	· Lungs	0	laller
DISEASE OR CONDITION CAUSING DEATH.	urlind.	alun soc	houses	10 years
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, c 4 of EATHER, NOTIFY MEDICAL EXAMINER)	o, form, fectory, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town) (Cou	unty) (Stota)
	INJURY OCCURRED	21f. HOW DID INJURY OCCU	JR?	
Model White Market Mark				
22. I hereby certify that attended the decea		1940 to a	1957 that	l last saw the deceased
alive on 71957 and	that death of threaden	9.307 W from the	enuses and on the data state	- d - L
BIGNATURE	Vin-	ADD	RESS (Street, city, town, state)	DATE SIGNED
7 7 7	FLUN			1/11/57
P.J. Beat	M.D.	Great Mil	LOCATION (City, town, or count	4/ 11/ 0 / (State)
REMOVAL (SPECIFY)				
Burial 4/ 12/ 5	of St. Geor	rges Cem.	Valley Lee,	
24. REC'DYBY REGISTRAR REGISTRAR'S SIGNATURE	- Tour	25. FUNERAL DIRECTOR'S		ADDRESS
DATE (11/5)	Regustran	P.B. Robin	nson - Leonard	town, Md.

LIEVA V. E.

7581 TT 897

DECENALED

			MARY	LAND ST	ATE DEPARTA	NENT OF HEALT	H-BAL	TIMORE, 1	8	044) per veg
			44	55	CERTIFIC	ATE OF DEATI	Н		Reg. Dist. N	o. 7	28
	* [DEACE OF DEATH OF COUNTY St.	Mary's		MARYLAND	2 USUAL RESIDENCE (W	here deceose	d lived. If institute b. COUNTY	on: Residence be		,
		B. CITY OR TOWN (RURAL and give of Leonard	If autside carporate timi earest town)		36 Vrs.	c city or town (if		orate limits, write R			
n	,		TAL (If not in hospital, g		7	d STREET ADDRESS		1,-1007/12-2-27-			DENCE FARM? NO XXX
	Ī	NAME OF DECEASED (Type or print)	Bernare		Middle Leo	Spalding	4. DATE OF DEATH	Apri.		Day Y	eor 9 57
		sex M ale	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	Sept. 20, 189	94	9. AGE (In years fost birthday) 975.	Months Doy		
i		o. USUAL OCCUPATION during most of work Barber	ON (Give kind of wark king life, even if retired	done 10b. KIND	OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Slove Maryland	or foreign c		12. CITIZEN	OF WHAT	COUNTRY
8	- 1-	3. FATHER'S NAME				14. MOTHER'S MAIDEN I					
			Edward S			Mary Eliza	abeth	Gatton			
-	, [S. WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s	amuran) .		INFORMANT Vildred R.S	aldi:	ng Leon		a, Md	•
			ATH (Enter only one co	((a), (b), and (c).]		. 4	9	IN OF	TERVAL BET	DEATH
		46001	IMMEDIATE CAUSE (o	7	+ cure a	mony or	Tabar	43/1		20 m	m.
		Conditions, if a	iny, which) 16			Į.					
		gave rise to i couse (a), stating lying cause lost.	mmediate [
		3		DITIONS CONTI	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS A PERFOI YES	RMED?
			AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Por	t It of item 18.)			
		20c. TIME OF INJUI	RY Month, Day, Yea		Not while	LACE OF INJURY (Home, form potory, street, office bldg., etc	a, 20f. (City	or lawn)	(Caunty	1)	(Stote)
		21. I certify th	nat l _e attended the	deceased fr	om, 15 mo	Ya 1956 to 1	0/+W	1. 1957	Z,that I last :	saw the o	deceased
		alive on/_	OHAY.	1257	and that deat	h occurred at 12.50		n the causes a	ind an the d	ate state	d abave.
	- 1	ACTUAL SIGNATURE	(bus	6 61.	Till	Lear	ADDRESS (S	PTIM	stote)	4/10	TE SIGNED
	,	SIGNATINE				M.V	- FIX OF TR			+-	havdafaa.
1		PHYSICIAN'S NAME (Type)	Joseph	E. Gil	L1 M.D.	Leonard	ltown	, Maryla	and	/ '	/
1	9			Ę 22c.	NAME OF CEMETERY OF ALOYS:	R CREMATORY	27d. LOCA	, Maryla		aryľa	nd
1	2	PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATIC BURIAL Apocify 3. FUNERAL DIRECTOR	ON. 226. DATE THERES	ž 22c.	NAME OF CEMETERY OF ALOYS:	PR CREMATORY	27d. LOCA	TION (City, town, o			nd

BUREAU V. R.
APPR 12 1257

	-	PLACE OF DEATH	445	3	CERTIFIC	ATE OF DEA			Reg. Dist. N	
	L	a. COUNTY		ary's		Mar	yland	b. COUNTY	St. Ma	ry's
NA /		Leonar o			c. LENGTH OF STAY IN 16	x / Bushwo	-	prote limits, write R	RURAL and give n	tearest town)
78		d. NAME OF HOSP OR INSTITUTION	St. Mary		oddress) spital	d. STREET ADDRES	S			e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Will		Middle Ernest	Wathen	4. DATE OF DEATH	April	30 ,	Day Year 1957
	5. 5				RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (in years last birthday)	Months Doys	AR IF UNDER 24 H
		ale	White	WIDOW		May 27,1	888	68 yrs.	11 2	
1	L_	Farmir	ION (Give kind of wo orking life, even if reti	rk done 10b.	KIND OF BUSINESS OR IND	Mary	tote or foreign o	ountry)		S.A.
	13.	FATHER'S NAME	:772 - W-4	.1		14. MOTHER'S MAID				
-	15		illie Wat		SOCIAL SECURITY NO. 117.	Sarah Mo	organ			-
	(Yes	no. of unknown)	(If yes, give war or dates	of services		es Rose E.	7 d. 3	Bushwo		ryland
		420.1	DUE	, , ,	Jones	occ WSI	74			
	Z	Conditions, if gove rise to couse (a), stating lying couse last	any, which immediate the under:	(b) TO (c)						
۵	FICATION	Conditions, if gove rise to couse (a), stating lying cause last	any, which immediate bus the under: Due the the the the the the the the the th	(b) (c) (c) ONDITIONS	CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE FI	RMINAL DISEAS		EN IN PART 1(0)	PERFORMED?
٥		Conditions, if gove rise to couse (a), stating lying cause lost PART II. Of 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CO	(b) (c) (c) ONDITIONS	CRIBE HOW INJURY OCCUR	IT NOT RELATED TO THE TI	RMINAL DISEAS		/EN IN PART 1(0)	19. WAS AUTOP PERFORMED? YES NO
۵		Conditions, if gove rise to couse (a), stating lying cause last	DUE any, which immediate g the under: THER SIGNIFICANT CO AS UNDERLYING O G O CAUSE OF DEA' Y MEDICAL EXAMINE IRY Month, Day,	(b) TO (c) ONDITIONS	CRIBE HOW INJURY OCCURI	JT NOT RELATED TO THE FI	in Part I or Par	t II of item 18.)	EN IN PART 1(o)	PERFORMED?
۵	1	Conditions, if gove rise to couse (a), stating lying cause lost PART II. Of 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a, pt. p. m. 21. I certify t	THER SIGNIFICANT CO TAS UNDERLYING D G CAUSE OF DEA' Y MEDICAL EXAMINE IRY Month, Day, I that I attended t	(b) (c) ONDITIONS (IH) (TH) (Page 200. DES (White of wor	CRIBE HOW INJURY OCCURION NURY OCCURRED Not white at work 1 cel from 20 c	IT NOT RELATED TO THE TI RED. (Enter nature of injury PLACE OF INJURY (Home, actory, street, office bldg.,	FRMINAL DISEAS in Part I or Part form, 20f. (City etc.)	or town	(Caunty	PERFORMED: YES NO (5th
٥	1	Conditions, if gove rise to couse (a), stating lying cause last PART II. O: 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMOUS a, pt. p. m. 21. I certify to alive an	DUE any, which immediate g the under: THER SIGNIFICANT CO AS UNDERLYING G CASUE OF DEA' Y MEDICAL EXAMINE IRY Month, Day, 1	(b) (c) ONDITIONS (IH) (TH) (Page 200. DES (White of wor	CRIBE HOW INJURY OCCURION NURY OCCURRED Not white at work 1 cel from 20 c	JT NOT RELATED TO THE TI	in Part I or Part form, 20f. (City etc.)	or town	(County	PERFORMEDT YES NO (Ske
0	1	Conditions, if gove rise to couse (a), stating lying cause lost PART II. Of 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a, pt. p. m. 21. I certify t	DUE any, which immediate the under: THER SIGNIFICANT CO TAS UNDERLYING THE CAUSE OF DEAT Y MEDICAL EXAMINE TRY Month, Day, That I attended to The control of	(b) TO (c) ONDITIONS TH 20b. DES While of wor he deceas	CRIBE HOW INJURY OCCURION NURY OCCURRED Not white at work 1 cel from 20 c	IT NOT RELATED TO THE TI RED. (Enter nature of injury PLACE OF INJURY (Home, ractory, street, office bldg., ### 19 ### to the occurred at M.D.	in Part I or Par	or town] or town] n the causes a litest, city or town,	(Caunty 2,that I last stand on the distant)	PERFORMED? YES NO (State of the state of t
0	MEDICAL	Conditions, if gove rise to couse (a), stating lying cause (a), stating lying cause lost PART II. OT 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMENT CONTRIBUTION (IF EITHER, NOTIF) 21. I certify to alive an actual signature PHYSICIAN'S NAME (Type)	THER SIGNIFICANT CO AS UNDERLYING D G D CAUSE OF DEA' Y MEDICAL EXAMINE IRY Month, Day, That I attended to 300 P J. Roy ON 1225. DATE THE	(b) TO (c) ONDITIONS TH 20b. DES TH 20b. DES White of wor	NJURY OCCURRED Not white at work and from CC and that dear	PLACE OF INJURY (Home, factory, street, office bldg., h occurred at	form, 20f. (City etc.) M, from ADORESS (SI	or town	(County 2, that I last a and on the distant	PERFORMED? YES NO (State)

NUARC BO STADVILLED

CHARLES CONTRACTOR

A THE THE PROPERTY OF THE PARTY OF THE PARTY.

Jules CTOS

BUREAU V. S.

TEGI & YAM

SECENAED SEC

)	PLACE OF DEATH			CEKTIFIC	ATE OF DEA	(Where deceased lived,		Dist. No.	0
7 [e. COUNTY	C+ Manush		MARYLAND	d. SIAIE		COUNTY C+	Marv	
3	b. CITY OR TOWN	(If outside corporate lim	its, write c. LE	NGTH OF STAY IN 16		rland (If outside corporate lim	nits, write RURAL o	A COUNTY	947
	RURAL ond give	andtown		3_davs	100	tanza	,		,
1	d. NAME OF HOSE	PITAL (If not in hospital,	give street addres	i)	d. STREET ADDRESS			e. IS	RESIDENCE
8	OK HASHIONOIS	St. Mary	r's Hos	pital	1				S NO
3.	NAME OF DECEASED	Fi	rst	Middle	Lost	4. DATE	Month	Day	Year
	(Type or print)		ncis	Alex	Young		April	15	1957
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGI	(In years IF UN birthday) Magt	DER TYEAR IF U	
	Male	Colored	WIDOWED	DIVORCED	Feb. 3, 1	.957	yrs. 2	TI Ho	wrs Min.
110	a. USUAL OCCUPAT during most at we	ION (Give kind of wark orking life, even if retired	done 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI	ote or foreign country)	12.	CITIZEN OF W	
/ 12	CATILIPAY ALAAR	,				rland		U.S.	.A.
13.	, FATHER'S NAME		7.5		14. MOTHER'S MAIDE				
15	WAS DECEASED BY	ILLIAM E.			Mary 1	I. Young			
O. P.	es, no, or unknown)	(If yes, give war or dates of	tarvica)			V	Address		250
9	NO CAUSE OF DE	EATH [Enter only one of			illiam E.	Toung	Morg		MD.
		FATH WAS CAUSED BY	4		7			ONSET A	ND DEATH
	11024	IMMEDIATE CAUSE (revigour					(0)
V	Conditions, if	any which \							
	gave rise to	immediate (
	lying couse last	d tue auges	:)						
Z O	PART II. O			BUTING TO DEATH BU	NOT RELATED TO THE PE	RMINAL DISEASE CONC	NITION GIVEN IN	PART 1(a) 19. W	AS AUTOPS
CATION		Dizer	rhez	4 del	ugarete	104			REORMED?
CERTIFI	20a. ACCIDENT W	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRI	D. Enter nature of injury	in Part I or Part II of it	em 18.)		
WEDICAL	Hour a. n.	JRY Month, Day, Ye			ACE OF INJURY (Home, fatory, street, affice bldg.,		n)	(County)	(State
ME	p. m.	10		at work	DV.	3.5			
	21. I certify	that I attended the	deceased fr	am. 13 to	Hoy. 196 70	15 Apr	, 19.1.Zihat	Llast saw t	he decea
	alive an/	7 APV	12 2	2, and that deat	occurred at 12	LM, fram the		n the date st	lated abo
	ACTUAL	1. 1	115	1 /		ADDRESS (Street, cit	y or lown, slote)		DATE SIG
1	SIGNATURE	her -	1 /	The contract of	M.D	****			
	PHYSICIAN'S NAME (Type)	Leon Ber	rube	M.I	Mochar	nicsville	Ma	C	
22	o. BURIAL, CREMATI			NAME OF CEMETERY C				ryland	**
	REMOVAL Specify	1/16/19		St. Josep		22d. LOCATION (C			State)
23	FUNERAL DIRECTOR	1,000		ADDRESS		Morganz EC'D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	d
60.					1 440, K	IN D BI KLUIZMAK I	STV. REGIGIRAR S	SACILATIONS:	-
40.									

BECEINED

BUREAU V. E.

7201 SS 99A